

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

FILED		CALIFORNIA 460	
		2001/02 FORM	
		Page <u>1</u> of <u>4</u>	For Official Use Only
Statement covers period from <u>07/01/01</u> through <u>12/31/01</u>		Date of election if applicable: (Month, Day, Year) <u>JAN 30 2002</u>	CITY <u>SANTA MARIA</u>
SEE INSTRUCTIONS ON REVERSE			

1. Type of Recipient Committee: All Committees ~ Complete Parts 1, 2, 3, and 4.

Officetholder, Candidate Controlled Committee

State Candidate Election Committee

Recall

(Also Complete Part 5)

General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Central Committee

2. Type of Statement:

Preelection Statement

Semi-annual Statement

Termination Statement

Amendment (Explain below)

Quarterly Statement

Special Odd-Year Report

Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER <u>1227669</u>		Treasurer(s) NAME OF TREASURER <u>Tom Martinez</u>	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Alice Patino for City Council</u>		MAILING ADDRESS <u>2450 Professional Pkwy., Suite 220</u>	
STREET ADDRESS (NO PO. BOX) <u>2450 Professional Pkwy., Suite 220</u>	STATE <u>CA</u>	ZIP CODE <u>93455</u>	AREA CODE/PHONE <u>805-346-8407</u>
CITY <u>Santa Maria</u>			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX <u></u>		MAILING ADDRESS <u></u>	
CITY <u></u>	STATE <u></u>	ZIP CODE <u></u>	AREA CODE/PHONE <u></u>
OPTIONAL: FAX / E-MAIL ADDRESS <u></u>			

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>12/10/01</u>	Date <u>12/10/01</u>

By Tom Martinez
Signature of Treasurer or Assistant Treasurer

By Tom Martinez
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Tom Martinez
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Tom Martinez
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Signature of Controlling Officeholder, Candidate, State Measure Proponent
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**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Santa Maria City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2450 Professional Pkwy., Ste. 220, Santa Maria, CA

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF HELD

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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF HELD

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

		SUMMARY PAGE																																																	
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*Since January 1, 2001. Amounts in this section may be
different from amounts reported in Column B.

FFPC Form 460 (June/01)
FFPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Assoc. CPA, Inc. P.O. Box 5958 Santa Maria, CA 93456	PRO		200.00

	SUBTOTAL \$	200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)